Emergency Health Care Services

704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceed the licensure or certification of staff who are on-duty and to define staff training requirements.

704.2 POLICY

It is the policy of this office that emergency medical, mental health and dental services are available 24 hours a day. These services may include off-site health care services.

704.3 PROCEDURES

The Chief Deputy of Corrections or the authorized designee shall work cooperatively with the contract medical provider to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include: on-site emergency first aid, basic life support and crisis intervention; emergency evacuation of an inmate from the facility, including security procedures, to ensure an immediate transfer when appropriate; on-call healthcare professional, dentists, and mental health professionals; predetermined back-up health care services when the emergency health facility is not located in a nearby community; and the identification of primary, secondary and tertiary acute care facilities.

The plan may additionally include, but is not limited to, these components:

(a) Custody staff shall respond to all emergencies immediately upon notification.

(b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors.

(c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.

(d) Emergency equipment and supplies are regularly maintained and accessible to qualified health care professionals and health-trained custody staff.

(e) Most inmates will be stabilized on-site and then transferred to an appropriate health care unit, if necessary.

(f) Notification of on-call physicians and mental health staff will be done as soon as the situation reasonably allows.

(g) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.

(h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.

(i) The Chief Deputy of Corrections and the contract medical provider will coordinate on the notification of the inmate’s next of kin in cases of serious illness and injury. Death

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notifications will be made in accordance with the Inmate Death - Clinical Care Review Policy.

The goal of any emergency medical response plan is to provide emergency medical care to those in need as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

704.4 EMERGENCY PROCEDURES

The Chief Deputy of Corrections or the authorized designee is responsible for ensuring the following information, equipment and personnel are available in the event an inmate requires emergency treatment:

(a) A current list of names, addresses, and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times and should be updated quarterly.

(b) Emergency drugs, equipment, and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired. This includes:

1. Opioid overdose medication as provided by RCW 69.41.095.
2. Epinephrine as provided by Washington law (RCW 70.54.440).

(c) A physician, ARNP, PA or RN, dentist, and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a backup health care services plan.

(d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.

(e) The Shift Supervisor will be contacted and informed of any emergency as soon as practicable.

(f) All decisions regarding medical treatment and the need for emergency transportation are to be made by qualified health care professionals.

(g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.

704.5 FIRST-AID KITS

The contract medical provider or the authorized designee is responsible for determining the contents, number, location and procedures for monthly inspections of all first-aid kits in the facility. The contract medical provider shall also ensure that:

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(a) The contents of each first-aid kit are:

1. Appropriate for its location and approved by the contract medical provider.
2. Arranged for quick use.
3. Documented on the outside cover.
4. Inventoried every month.
5. Secured with a plastic tamper-proof seal.
    (a) Once the seal has been broken, the kit should be taken to the medical unit so the contents can be inventoried and restocked.

(b) Written protocols and training materials are developed for the use of medical supplies and equipment by health-trained custody staff.

(c) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.

704.6 TRAINING

The Chief Deputy of Corrections or designee shall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Chief Deputy of Corrections or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during new employee orientation and that annual refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

(a) The location of all emergency medical equipment and medications, and the proper use of the equipment, such as automated external defibrillators (AED).

(b) How to properly summon internal and external emergency services.

(c) Recognition of basic life support signs and symptoms, and the actions required in emergency situations.

(d) Administration of basic first aid.

(e) Certification in CPR in accordance with the recommendations of the certifying health organization.

(f) Recognition of the signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.

(g) Procedures for inmate transfers to appropriate medical facilities or health care services.

(h) Suicide recognition, prevention, and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional’s training file in accordance with established records retention schedules.

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704.7 AUTOMATED EXTERNAL DEFIBRILLATORS

The contract medical provider or the authorized designee is responsible for ensuring that an AED is available in the facility and that all staff members are trained in its use. The AEDs shall be inspected and tested at a frequency consistent with the manufacturer’s recommendations to ensure functionality.

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